UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC Mail Processing Section APAR 3 0 2008

Name of Offering ([] check if this is an ame Heritage Bancorp, Inc.	Wa	shington, DC				
Filing Under (Check box(es) that apply):	[] Rule 504	[] Rule 505	[x] F	Rule 506	[] Section 4(6)	[] ULOE
Type of Filing: [X] New Filing [] Amendn	nent					
<u> </u>	A. BASIC	CIDENTIFICATION	DATA			
Enter the information requested about the content of the cont	e issuer					
Name of Issuer ([] check if this is an amer Heritage Bancorp, Inc.	ndment and name h	nas changed, and in	dicate o	hange.)		
Address of Executive Offices 327 Highway 70, Mason, Tennessee 3	•	eet, City, State, Zip	Code)		Telephone Number (la (901) 294-2775	ncluding Area Code)
Address of Principal Business Operations (if different from Executive Offices) Same as above	(Number and Str	eet, City, State, Zip	Code)		Telephone Number (In Same as above	ncluding Area Code
Brief Description of Business Bank holding company.						
Type of Business Organization			-			
[X] corporation	[] limited partne	ership, already form	ed		[] other (please s	specify):
[] business trust	[] limited partne	ership, to be formed				
			Month	Year	-	
Actual or Estimated Date of Incorporation	or Organization:		[1]	[07]	[X] Actual []	Estimated
Jurisdiction of Incorporation or Organization	n: (Enter two-letter		abbrev	iation for	State:	

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GENERAL INSTRUCTIONS Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et sea, or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offening, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed. A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. [X] Director [] General and/or [X] Promoter [X] Beneficial Owner [X] Executive Officer Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Weaver, Frank A. McKinnie, Sr. Business or Residence Address (Number and Street, City, State, Zip Code) 402 Heritage Plantation Way, Hickory Valley, Tennessee 38042 [X] Director [] General and/or [X] Promoter [X] Beneficial Owner [X] Executive Officer Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code) 402 Heritage Plantation Way, Hickory Valley, Tennessee 38042

[] Promoter [] Beneficial Owner

[] Executive Officer

[] Director [] General and/or

Managing Partner

Weaver, Thomas Jackson, III

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				•		
Business or Residence Addres	s (Number and S	treet,	City, State, Zip Cod	e)			
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)						
Business or Residence Addres	ss (Number and S	treet	City, State, Zip Cod	e)			
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)						
Business or Residence Address	ss (Number and S	treet,	City, State, Zip Cod	e)			
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)	<u></u>					
Business or Residence Address	ss (Number and S	treet	City, State, Zip Cod	е)			* 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					,	
Business or Residence Address	ss (Number and S	treet	, City, State, Zip Cod	e)		•	
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)	•					
Business or Residence Addre	ss (Number and S	treet	, City, State, Zip Coo	le)			

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? [X]									Yes No [X] []			
				Answer a	also in App	endix, Colu	umn 2, if fili	ing under L	JLOE.			
	is the mir		estment tha	t will be acc	epted from	any individ	dual?	······				\$10,680*
3. Doe:	s the offer	ing permit	joint owner	ship of a sin	gle unit?							Yes No [X] []
similar i associa dealer.	emunerat ted persoi If more tha	ion for sol n or agent an five (5)	icitation of p	ourchasers in or dealer re be listed are	n connection aistered w	on with sale ith the SEC	es of secur C and/or wi	ities in the th a state c	offering. If a or states, lis	a person to it the name	commission of the best of the broker the the	IN
	ne (Last n A. McKir		if individual) ver, Sr.									
			ress (Numb Way, Hick									
	f Associate ast Secur		or Dealer							_		
			ed Has Soli			cit Purchas	ers				All States	
-			individual Sta	[CA] X		[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
(AL) [IL]	[AK] [IN]	(AZ) (IA)	(AR) [KS]	[KY]	[LA]	[O1]	[MD]	[MA]	(MI)	[MN]	[MS] X	(<i>.</i> [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
[RI]	(SC)	[SD]	[TN] X	ָנאדן	[UT]	[[VT]	[VA]	[AW]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last n	ame first,	if individual)									
Busines	s or Resid	lence Add	ress (Numb	er and Stree	et, City, St	ate, Zip Co	de)					
Name o	f Associat	ed Broker	or Dealer									
			ed Has Soli			icit Purchas	sers			r] All States	
,			individual St			(OT)	(DE)	IDO)	151.1	[[CA]	[HI]	(ID)
[AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	(CT)	[DE]	[DC] [MA]	(FL) [MI]	[GA] [MN]	[MS]	[MO]
[IL]	(IN)	[IA]	[KS]	[KY]	[LA] [NM]	(ME) (NY)	[MD] [NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[XT]	[TU]	[\text{Livi}	[VA]	[WA]	[WV]	[WI]	[YW]	[PR]
Full Nar	ne (Last n	ame first,	if individual)				• "				
Busines	s or Resid	ience Add	iress (Numb	er and Stre	et, City, St	ate, Zip Co	de)					
Name o	f Associat	ed Broker	or Dealer									
			ted Has Soli individual St			icit Purcha	sers			ſ] All States	
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	[HI]	(ID)
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[עדן]	[(\)]	[VA]	[WA]	[VV]	[WI]	[WY]	[PR]
			411 1-11	cheet or			!!-	a of this c	haat an no	oneeant)		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Aggregate	Amount A	
Type of Security	Offering Price	Sol	d
Debt	\$0	\$ <u> </u>	
Equity	\$ <u>5,340,000</u>	\$ <u> </u>	
[X] Common [] Preferred			
Convertible Securities (including warrants)	\$	\$0	
Partnership Interests	\$ 0	\$ 0	
Other (Specify:	\$	\$	
Total	\$ 5.340.000	\$ 0	
Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	·	-
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amo	ount
	Number Investors		
Accredited Investors	0	\$ 0	
Non-accredited Investors	0	\$ 0	
Total (for filings under Rule 504 only)	N/A	\$ N	/A
Answer also in Appendix, Column 4, if filing under ULOE.		V	
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
	Type of Security	Dollar Amo	ount
Type of offering	•	Sold	
Rule 505	N/A	\$0	
Regulation A	N/A	\$0	
Rule 504	N/A	\$ <u> </u>	
Total	N/A	\$0	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	[X] \$ _	0	
Printing and Engraving Costs	(X) \$_		
Legal Fees	[X] \$_		
Accounting Fees	(X) \$_	5,000	
Engineering Fees	[X] \$ _	0	
Sales Commissions (specify finders' fees separately)	[X] \$_	340,000	
Other Expenses (identify) Filing fees, meetings, travel,	[X] \$ _	4,000)
Total	[X] \$	380,000)

	C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSES AND USE	OF PROCEEDS	
expens	er the difference between the aggregate offering price goes furnished in response to Part C - Question 4.a. This cate below the amount of the adjusted gross proceeds	difference is the "adjusted gross proc	eeds to the issuer." [X]	\$4,980,000
for eac check i	ch of the purposes shown. If the amount for any purp the box to the left of the estimate. The total of the pay	pose is not known, furnish an estimat rments listed must equal the adjusted	e and	
procee	ds to the issuer set forth in response to Part C - Question	on 4.b above.	Payments to Officers, Directors, &	Payments To
			Affiliates	Others
	Salaries and fees			[X] \$ 0
	Purchase of real estate Purchase, rental or leasing and installation of machi			[X] \$ 0 [X] \$ 0
	Construction or leasing of plant buildings and facilitie		[X] \$ 0	
	Acquisition of other businesses (including the value	of securities involved		<u> </u>
	in this offering that may be used in exchange for the of another issuer pursuant to a merger)		[X] <u>\$</u> 0	[X] <u>\$</u> 0
	Repayment of indebtedness			
	Working capital			
	Other (specify):		[X] <u>\$0</u>	[X] <u>\$</u> 0
			_ []\$	[]\$
	Column Totals Total Payments Listed (column totals added)			[X] <u>\$ 4,980,000</u> 4,980,000
	D. Fl	EDERAL SIGNATURE		
followir	suer has duly caused this notice to be signed by the ng signature constitutes an undertaking by the issuer to taff, the information furnished by the issuer to any non-a	furnish to the U.S. Securities and Ex	change Commission, u	inder Rule 505, the ipon written request
Issuer	(Print or Type)	Signature	Date	
Herit	age Bancorp, Inc.	Thomas all sca	eller Y	125/08
Name	of Signer (Print or Type)	Title of Signer (Print or Type)		
Thom	as Jackson Weaver III	Chairman	tion-britishes marks to applicable to the supplicable	
······		ATTENTION	the state of the s	The state of the s
	Intentional misstatements or omissions of fa		ione (See 18 II S.C. 1	001)

E. STATE SIGNATURE									
1. Is any party described in 17 CFR 230.262 presently su	bject to any of the disqualification provisions of such rule?	Yes	No [x]						
See And	endix. Column 5, for state response.	()	11						
2. The undersigned issuer hereby undertakes to furnish t (17 CFR 239,500) at such times as required by state law.	o any state administrator of any state in which this notice is filed,								
•	o the state administrators, upon written request, information furnis	shed by the	e issuer to						
offerees.									
	amiliar with the conditions that must be satisfied to be entitled to								
	ice is filed and understands that the issuer claiming the availabil	ity of this	exemption						
has the burden of establishing that these conditions have									
The issuer has read this notification and knows the co- undersigned duly authorized person.	ntents to be true and has duly caused this notice to be signed	on its bet	alf by the						
Issuer (Print or Type)	Signature Date	;							
1	Signature Date Thomas fails all dender	1/25	108						
Heritage Bancorp, Inc.	1 your gary addition	'//							

Instruction:

Name of Signer (Print or Type)

Thomas Jackson Weaver III

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Chairman

Title of Signer (Print or Type)

AP	P	F	N	ומ	X

1	2								- 1	
	_		3	•	4			Disa	5 ualification	
1 1		į	Type of security							
1 1	Intend t		and aggregate					(if y	es, attach	
	to non-acc		offering price	Type of in	vestor a	nd State		explanation of		
ļ	investors i Part B-l'		offered in state (Part C-Item 1)	amount purch	nased in I-Item 2)	State		waiver granted) (Part E-Item 1)		
-	(Fait b-i	tem ()		Number of	110711 27	Number of	<u> </u>			
!			Class Jackson Common Stock	Accredited		Non-Accredited				
State	Yes	No	Up to \$5.34 million*		Amount	Investors	Amount	Yes	No	
AL	Х		Is.						x	
AK	Х		. u						Х	
AZ	×		M						Х	
AR	Х		u u					ļ	X	
CA	×		4						Х	
СО	X		4						Х	
СТ	Х		*						Х	
DE	Х		и					<u> </u>	Х	
DC	×		4						Х	
FL	X						 		X	
GA	X	! !	*					<u> </u>	X	
HI	X		£					<u> </u>	Х	
al	×		44						X	
IL	X	<u> </u>	*						Х	
IN	×		4		<u> </u>				X	
IA	X	<u> </u>	u		<u> </u>		<u> </u>	<u> </u>	X	
KS	Х		u			E	<u> </u>	<u> </u>	X	
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MD	X		, , , , , , , , , , , , , , , , , , ,		<u> </u>	ļ	ļ - <i>-</i> -		X	
MA	×		<u>.</u>		<u> </u>		<u> </u>		X	
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MN	Х		4						X	
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MT	X		"		<u> </u>		<u> </u>	<u> </u>	×	
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NM	Х		#		 			;	X	
NY	Х		*			ļ		<u> </u>	X	
NC	X		4						Х	

1	2		3		4			Disa	5 ualification		
1	intend t		Type of security and aggregate	T 41	Type of investor and				under State ULOE (if yes, attach		
	to non-act		offering price offered in state	i ype of i amount purc				explanation of waiver granted)			
1	(Part B-I		(Part C-Item 1)	(Part (C-Item 2)	Old C		(Par	(Part E-Item 1)		
			Class Jackson Common Stock	Number of Accredited		Number of Non-Accredited					
State	Yes	No	Up to \$5.34 million*	Investors	Amount		Amount	Yes	No		
ND	Х		u						X		
ОН	Х		u		1				X		
ОК	х		и						Х		
OR	Х		н						X		
PA	Х		*	~					X		
RI	Х		e e						X		
sc	Х		4						X		
SD	×		4						Х		
TN	×		14						X		
TX	х								Х		
UT	х		u				1		×		
VT	Х		u						X		
VA	×		u						Х		
WA	×		ť				<u> </u>		×		
wv	×		4		<u> </u>				X		
WI	Х		и		<u> </u>				Х		
WY	×		u				<u> </u>	<u> </u>	X		
PR	X		и		ļ				X		